

Application No. (if known): 10/707,179

Attorney Docket No.: 04394/0200136-US0

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Request for Continued Examination (1 page) Amendment Transmittal (1 page)

Amendment (7 pages)

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Applicant(s): Cin Kim  Invention: BOXED AND SECURED NECKTIE PACKAGE  TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED    Claims	AMEN	IDMENT	ransmi'	TTAL LE	TTE	R	Docke 04394/0200	
Applicant(s): Cin Kim  TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED    Claims   Remaining After Amendment   Number Previously Paids Present   Rate					٠			Art Unit
TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED    Claims   Remaining   After   Anter   Anter   Anter   Anter   Amendment   Previously   Extra Claims   Present   Rate			November	20, 2000		1. 141. 14161		3121
TO THE COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED    Claims   Highest   Number   Previously   Paid   Present   Rate	hpplicant(s). Ciri							
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Remaining After After Amendment   Paid   Previously Paid   Present   Rate				S AS AMENI	DED			
Total Claims 9 - 20 = 0 x 25.00 0.00  Independent 2 - 4 = 0 x 105.00 0.00  Multiple Dependent Claims (check if applicable)  Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 405.00  Large Entity x Small Entity  No additional fee is required for this amendment.  Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed.  A check in the amount of \$ to cover the filing fee is enclosed.  X Payment by credit card.		Remaining After	Number Previously	Extra Claims		Rate		
Multiple Dependent Claims (check if applicable)  Other fee (please specify): Request for continued examination (RCE) (see 37 405.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 405.00  Large Entity x Small Entity  No additional fee is required for this amendment.  Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed.  A check in the amount of \$ to cover the filing fee is enclosed.  X Payment by credit card.	Total Claims			<del> </del>	Х			0.00
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Large Entity  No additional fee is required for this amendment.  Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.  A check in the amount of \$ to cover the filing fee is enclosed.  X Payment by credit card.						40	5.00	
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x Payment by credit card.					n the ar	mount of \$ _		<u> </u>
	A check in th	ne amount of \$	,	to cover	the filir	g fee is encl	osed.	
X The Director is hereby authorized to charge and credit Deposit Account No. 04-0100	x Payment by	credit card.						
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	as described		olicate copy of				·	

Dated: October 31, 2007

Edward J. Ellis

Attorney/Agent Reg. No.: 40,389

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